

COPY OF PAPERS
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DECLARATION AND POWER OF ATTORNEY

As the legal representative of the below named inventor, I declare on his behalf that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **FLUID AGITATOR AND CONDITIONER**.

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56. I claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Country	Application No.	Date of Filing	Priority Claimed Under 35 USC 119

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date

I claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application No.	Date of Filing	Status

POWER OF ATTORNEY: As the legal representative of the named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Send Correspondence to: William J. Bohler TOWNSEND and TOWNSEND and CREW LLP Two Embarcadero Center, 8th Floor San Francisco, California 94111-3834	Direct Telephone Calls to: (Name, Reg. No., Telephone No.) Name: William J. Bohler Reg. No.: 31,487 Telephone: 650-326-2400
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Attorney Docket No.: 015490-000000US

Full Name of Inventor 1:	Last Name: Robertson	First Name: James	Middle Name or Initial: F.
Residence & Citizenship:	City: Keizer	State/Foreign Country: Oregon	Country of Citizenship: USA
Post Office Address:	Post Office Address: 6136 Hogan Drive N.	City: Keizer	State/Country: Oregon
			Postal Code: 97303

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1



Myma Robertson
for James F. Robertson (deceased)

Date March 17th, 2002

PA 3194349 v1

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

PATENT
Attorney Docket No.: 015490-000000US

Assistant Commissioner for Patents
Washington, D.C. 20231



On March 26, 2002
TOWNSEND and TOWNSEND and CREW LLP
By: Myrna Robertson

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

COPY OF PAPERS
ORIGINALLY FILED

In re application of:

James F. Robertson

Application No.: 10/043,653

Filed: January 9, 2002

For: FLUID AGITATOR AND
CONDITIONER

Examiner: Unassigned

Art Unit: Unassigned

DECLARATION OF MYRNA
ROBERTSON ESTABLISHING LEGAL
REPRESENTATIVE STATUS AS TO
JAMES F. ROBERTSON, DECEASED

Assistant Commissioner for Patents
Washington, D.C. 20231

I, MYRNA ROBERTSON, declare as follows:

1. I have personal knowledge of the facts set forth herein and if called as a witness could and would be competent to testify thereto.
2. I make this declaration to establish that I am the legal representative of James F. Robertson, the inventor named in the above-entitled application, who is recently deceased, and that I am entitled to prosecute the application in his name.
3. James F. Robertson and I were married on October 23, 1976 in Reno, Nevada. A true and correct copy of our marriage certificate issued by the State of Nevada is attached as Exhibit A.

4. James F. Robertson died recently on January 4, 2002 in Keizer, Oregon.

A true and correct copy of the death certificate issued by the State of Oregon is attached as Exhibit B.

5. At the time of his death, James F. Robertson and I were still married. His estate was not probated. Under Oregon Law, as his surviving widow, I am his sole heir and legal representative.

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and I further acknowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001, et seq., and may jeopardize the validity of the application or any patent issuing thereon.

Executed this 17th day of March, 2002 at Keizer, Oregon.


MYRNA ROBERTSON

CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK

360976
I.D. TAG NO.
00060
Local File Number

OREGON DEPARTMENT OF HUMAN SERVICES HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-

State File Number

<p>212 CF</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p>	<p>1. DECEDENT'S NAME</p> <p>First: <u>James</u> Middle: <u>Francis</u> Last: <u>ROBERTSON</u></p>	<p>2. SEX</p> <p><u>Male</u></p>	<p>3. DATE OF DEATH (Month, Day, Year)</p> <p><u>January 4, 2002</u></p>	
	<p>4. SOCIAL SECURITY NUMBER</p> <p><u>384-30-8381</u></p>	<p>5a. AGE-Last Birthday (Years)</p> <p><u>67</u></p>	<p>5b. Under 1 Year</p> <p>Mo. <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u></p>	<p>6. BIRTHPLACE (City and State or Foreign Country)</p> <p><u>Pontiac, MI</u></p>
	<p>8. WAS DECEDENT EVER IN U.S. ARMED FORCES?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>9a. PLACE OF DEATH (Check only one)</p> <p><input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) <u> </u></p>		
	<p>9b. FACILITY NAME (If not institution, give street and number)</p> <p><u>Salem Hospital</u></p>	<p>9c. CITY, TOWN, OR LOCATION OF DEATH</p> <p><u>Salem</u></p>	<p>9d. COUNTY OF DEATH</p> <p><u>Marion</u></p>	
<p>10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)</p> <p><u>Machine Operator</u></p>	<p>10b. KIND OF BUSINESS/INDUSTRY</p> <p><u>Tool and Dies</u></p>	<p>11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)</p> <p><u>Married</u></p>	<p>12. SPOUSE (If Married, Widowed, Divorced (Specify))</p> <p><u>Myrna</u></p>	
<p>13a. RESIDENCE - STATE</p> <p><u>Oregon</u></p>	<p>13b. COUNTY</p> <p><u>Marion</u></p>	<p>13c. CITY, TOWN OR LOCATION</p> <p><u>Salem</u></p>	<p>13d. STREET AND NUMBER</p> <p><u>6136 Hogan Dr N.</u></p>	
<p>13e. INSIDE CITY LIMITS?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>13f. ZIP CODE</p> <p><u>97303</u></p>	<p>14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>15. RACE American Indian, Black, White, etc. (Specify)</p> <p><u>White</u></p>	
<p>17. FATHER - NAME first middle last</p> <p><u>William James Robertson</u></p>	<p>18. MOTHER - NAME first middle maiden</p> <p><u>Eva May Labarge</u></p>	<p>19. INFORMANT - NAME and relationship to decedent</p> <p><u>Myrna Robertson - Wife</u></p>		
<p>20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State</p>	<p>20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)</p> <p><u>Willamette Crematory</u></p>			
<p>21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH</p> <p><u>Chen Huan</u></p>	<p>21b. OREGON LICENSE NO. (Of Licensee)</p> <p><u>3740</u></p>	<p>22. NAME, ADDRESS AND ZIP OF FACILITY</p> <p><u>Keizer Funeral Chapel Keizer, OR</u> <u>4365 River RD N 97303</u></p>		
<p>23. DATE FILED (Month, Day, Year)</p> <p><u>JAN - 9 2002</u></p>	<p>24. REGISTRAR'S SIGNATURE</p> <p><u>Joseph Fowler</u></p>			
RESERVED FOR REGISTRAR'S USE				
TO BE COMPLETED BY CERTIFYING PHYSICIAN				
<p>27. TIME OF DEATH</p> <p><u>9:41 A M</u></p>	<p>28. WAS MEDICAL EXAMINER NOTIFIED?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<p>29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated.</p> <p>(Signature)</p> <p><u>01/08/02</u></p>				
<p>30. DATE SIGNED (Month, Day, Year)</p> <p><u>Myrna S. Robertson</u></p>				
<p>31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print)</p> <p><u>Dr. Mark Peterson MD 875 Oak St #5080 Salem, Oregon 97302</u></p>				
<p>32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)</p> <p><u> </u></p>				
<p>33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.</p> <p>PART I (a) <u>Organ Failure</u></p> <p>DUE TO, OR AS A CONSEQUENCE OF:</p> <p>(b) <u>ruptured Atrial Septal Aneurysm</u></p> <p>DUE TO, OR AS A CONSEQUENCE OF:</p> <p>(c) <u>Vascular Disease (smoking)</u></p>				
<p>34. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.</p> <p><u> </u></p>				
<p>35. Did tobacco use contribute to this death?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>				
<p>36. AUTOPSY</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>				
<p>37. If YES were findings considered in determining cause of death?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>				
<p>40. MANNER OF DEATH</p> <p><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide <input type="checkbox"/> Other</p>				
<p>41a. DATE OF INJURY (Month, Day, Year)</p> <p><u> </u></p>				
<p>41b. TIME OF INJURY</p> <p><u> </u></p>				
<p>41c. INJURY AT WORK?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>				
<p>41d. DESCRIBE HOW INJURY OCCURRED</p> <p><u> </u></p>				
<p>41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)</p> <p><u> </u></p>				
<p>41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)</p> <p><u> </u></p>				
RESERVED FOR REGISTRAR'S USE				

ORIGINAL-VITAL STATISTICS COPY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MARION COUNTY REGISTRAR.

JAN - 9 2002

Joseph Fowler
JOSEPH P. FOWLER
COUNTY REGISTRAR

45-2-Rev 01/01



Notarized Copy

Marriage Certificate

No. 1000057

State of Nevada, }
County of Washoe, } ss.

This is to Certify that the undersigned,
a Minister of the Gospel, (Judge, Justice of the Peace of Washoe County,
Commissioner of Civil Marriages or Deputy Commissioner of Civil Marriages, as the
case may be),

did on the 23 day of OCT A.D., 1976,

at Heart of Reno - Reno, Nevada,
(Address or Church) (city)

join in lawful wedlock James F. ROBERTSON and

Myrna I. Neal with their mutual consent, in the
presence of Gene Doyle and MRS. Gene Doyle witnesses.

Gene Doyle
signature of witness

Mrs Gene Doyle
signature of witness

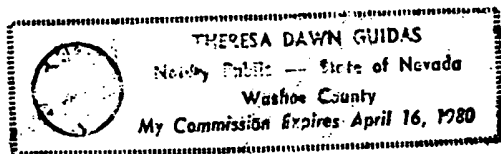
George N. Snelling
Title

This Is To Certify That on Oct 23, 1976.

I, Rev. GEORGE N. Snelling

did solemnize the Marriage Ceremony for the above named couple.

George N. Snelling
Minister



State of Nevada)
County of Washoe) s.s.

Scribed and Sworn to before me on this 23
day of OCT, 1976.

Theresa Dawn Guidas